



# Pain Management

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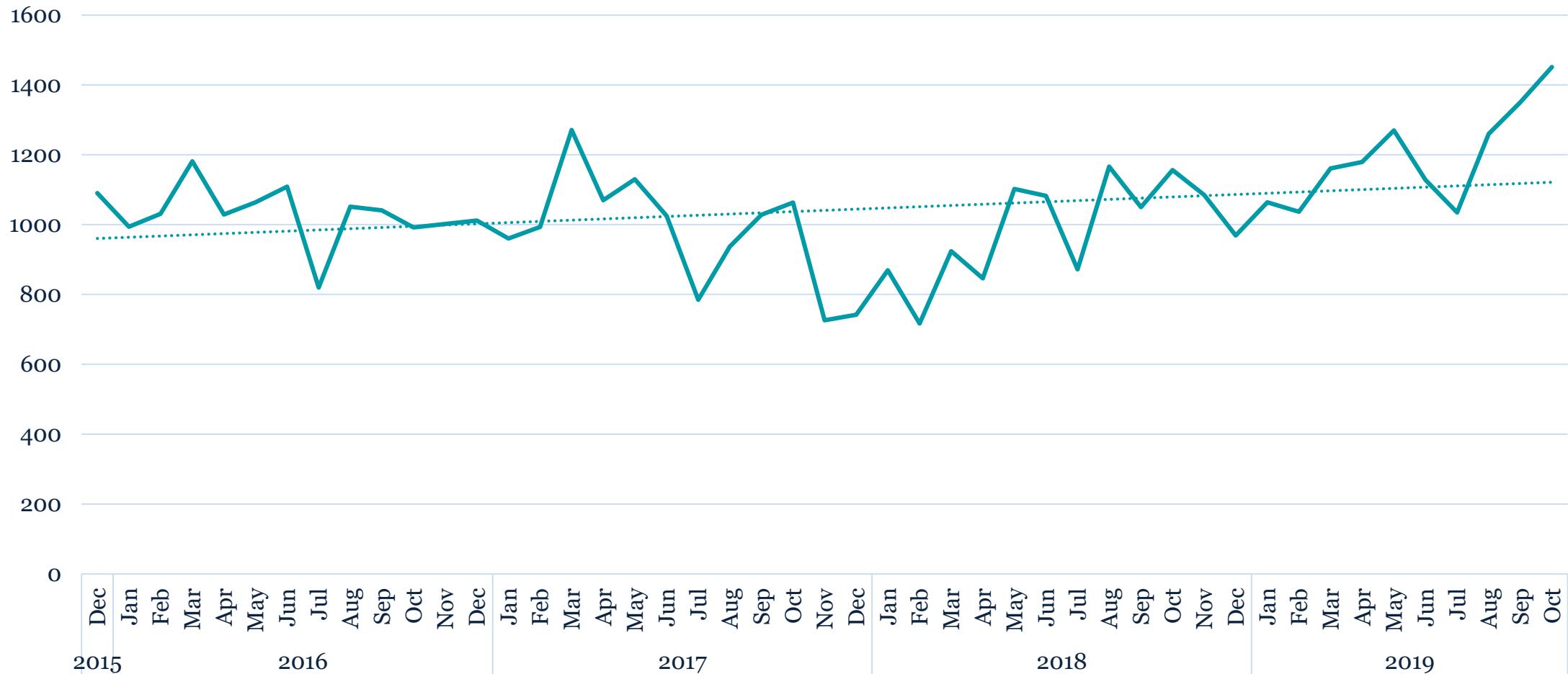
# Multi-Disciplinary Pain Management Center

## Stroger Hospital

- Historical overview – 1994 to present
- Members and function
  - Anesthesiologist, PM&R, Psychologist, Nursing & Acupuncture
  - ACGME certified pain fellowship program (21 years)
  - Coverage provided to inpatient/outpatient – Stroger/OFH
- Referral source – CCH
  - IM, FM, Neurosurgery, Orthopedics, Oncology, Trauma, EM
  - E-consults
- Approach with patients in pain
  - Multidisciplinary and patient-centered
  - Individualized
  - Evidence-based

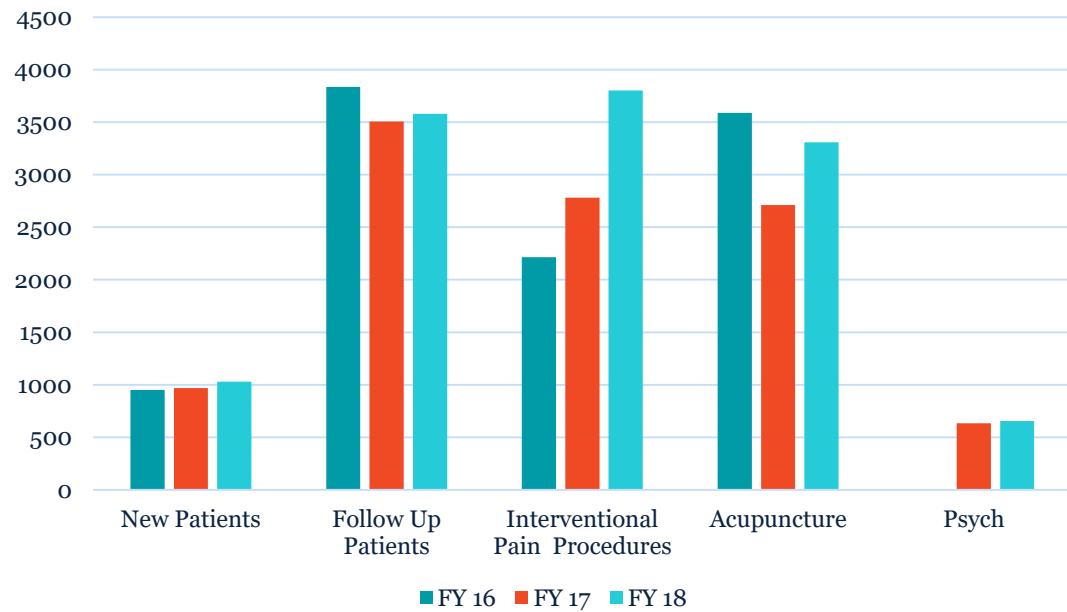


# Total Patients Seen by Pain Department

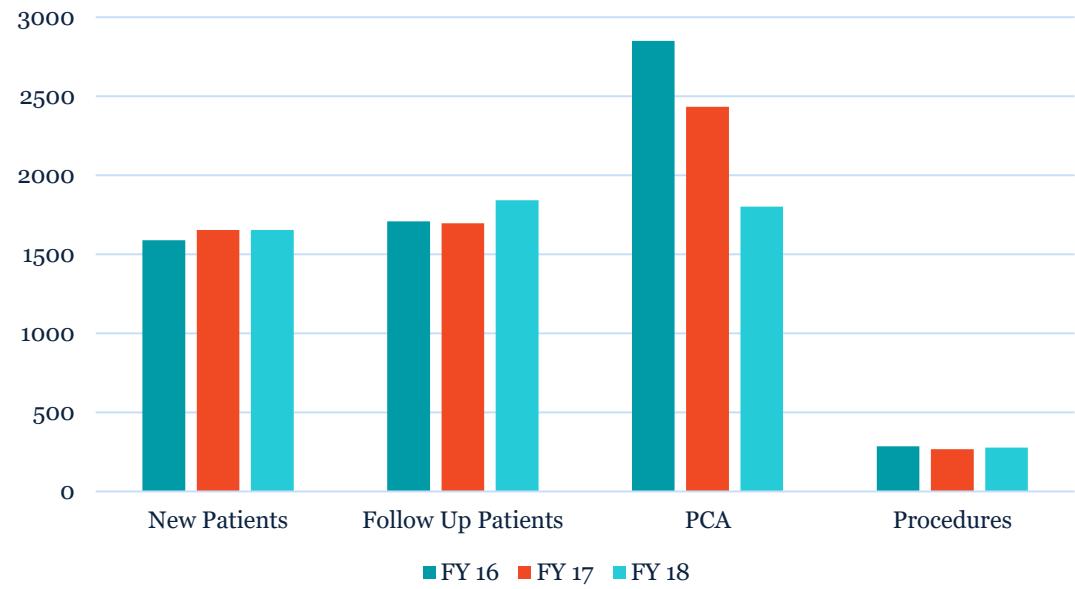


# Chronic and Acute Pain

Chronic Pain Service Yearly Census



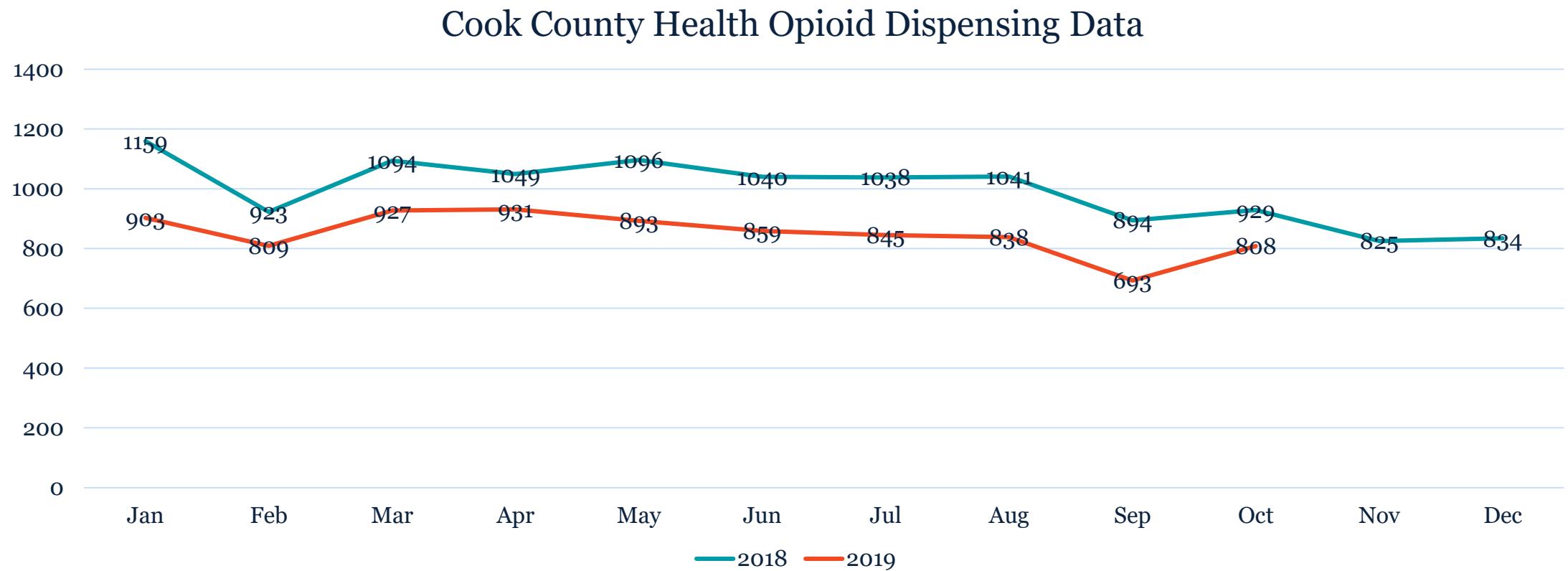
Acute Pain Service Yearly Census



- While the number of new patients has remained fairly stable, the number of interventional procedures continues to increase
- The number of follow up patients has remained fairly stable as has the number of patients receiving psychological interventions
- With the support of the pain service for education of patients and staff, PCA opioid use continues to decline, while the volume of patients stays considerably stable



# Inpatient Opioid Use



# Treatment Modalities



stresses diagnosed  
neurons anxiety disorders  
emotional problems atypical health  
central nervous system cases therapeutic systems  
difficulty cognitive developmental behavioural problems  
emotions investigated anatomical brain stimulation  
symptoms occurring factors insufficient sociological perspectives  
depression genetic origin diagnosis problem solving  
mental disorder primary rigidity psychological personality  
dopamine drugs inclusions clinical philosophies ineffective  
well-being mental social psychology expression  
cope brain degenerative disorder  
surgery movements rehabilitation evidence motor symptoms  
treatment investigation severity awareness directions characterized  
pill bottle

## mental health



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# Interventional Pain Management Approach

Inpatient – Acute Pain



Outpatient – Chronic Pain



# Safe Opioid Prescribing Committee

## A Partnership with Patients at CCH

Best practices guidelines by CDC/JC for chronic pain management:

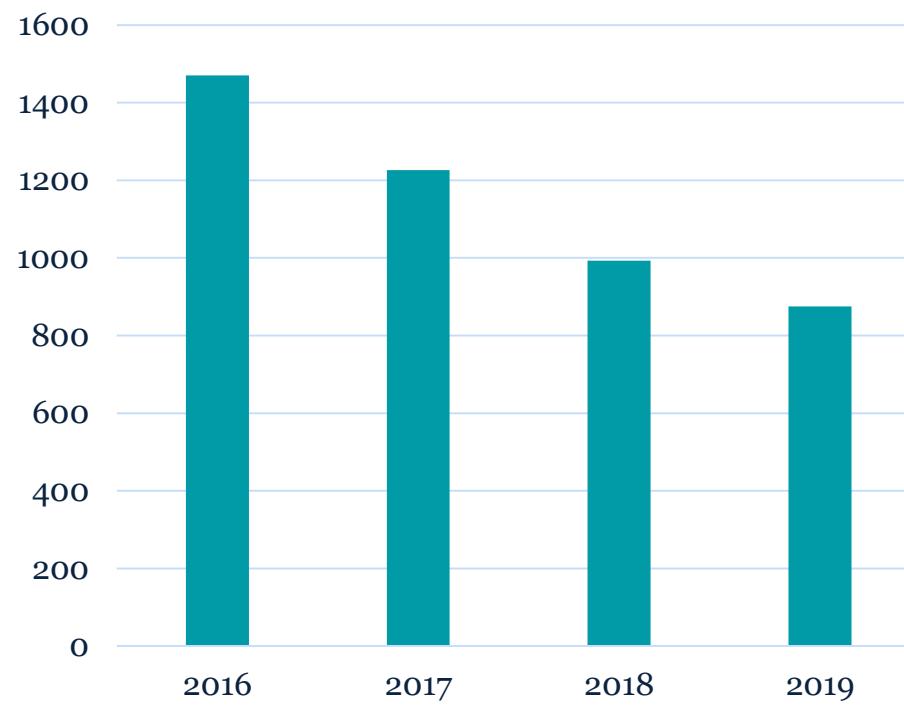
- Standardizing and providing opioid medication agreement to all patients being prescribed
- Verifying and documenting ILPMP website on each visit
- Prescribing small opioid quantities and frequent visits initially
- Obtaining opioids from a single pharmacy
- Performing urine drug testing when needed
- Documenting risk and functional improvement
- Avoiding the combination of sedatives and opioids
- Prescribing Naloxone for opioid prescriptions >50 MME



# Accomplishments

- Decreased opioid use across all settings – inpatients and outpatients – as we have introduced other pain management modalities
- Opened a second interventional procedure room to increase the number of procedures
- An approved ACGME academic pain fellowship program – 21 years with 4 fellows in training
- Successful system integration of a multimodal/multidisciplinary approach to pain management
- Successful E-consult service providing education and support to other providers and fast tracking appointments when clinically indicated

Opioid Prescriptions Filled in CCH Pharmacies Per Month



# Future Directions

- Support/expansion of our Pain Center at Stroger Hospital
  - Wait time new patient referral – 7 months; procedures – 5 months
  - Seeking an APN provider who will support both in/outpatient clinical services allowing physicians more time for new patients/procedures
- Expansion of our multidisciplinary Pain Management Team at Provident Hospital
  - Specialty trained physicians and nurses
  - Interventional pain procedures
- Opening of acupuncture services for veterans



# Questions? ↗



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